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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

New Hampshire

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The State requires that 42 CFR 483.156(c)(1)(i) and (ii) must be included, i.e. "the individual's full name" and "information necessary to identify each individual."

OF FIGURE

TN No. 92-1 Supersedes TN No.

Approval Date MAY 2 8 1992 Effective Date 1/1/92